



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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October 6, 2004

TO: Washington State Board of Health Members
FROM: Tom Locke, WSBOH Chair
RE: **CHAPTER 246-101 WAC, NOTIFIABLE CONDITIONS**

Summary

Collecting information about diseases of public health significance is a fundamental public health practice. The information is necessary to determine public health actions and to assess the efficacy of disease prevention and health promotion efforts. The principles and practice of reporting conditions to public health authorities have changed little over time. In contrast, regulatory and administrative procedures have changed along with public health priorities, medical advances, and developments in communications and data sharing technology. The notifiable conditions system once focused on communicable diseases, but in keeping with changes in public health practices and scope, it has expanded to include other conditions such as birth defects, developmental disabilities, blood lead levels, occupational asthma, and pesticide poisoning.

For the benefit of our new Board members and in anticipation of upcoming hearings regarding Chapter 246-101 WAC, Notifiable Conditions, I have asked Jude Van Buren from the Department of Health to join me today in briefing the Board on the history, implementation, and purpose of this rule and the notifiable conditions surveillance system it creates.

Board action recommended

No Board action is recommended at this time.

Background

The Board last adopted changes to Chapter 246-101 WAC in 2000. These included an extensive restructuring of the notifiable conditions system and the addition of WAC 246-101-015 on provisionally notifiable conditions. The resulting rule was created out of a two-year process that involved more than 150 meetings with stakeholders throughout the state. Part of that process was the development of the current list of conditions that are reportable by law in Washington State.

Twelve criteria were used to prioritize and evaluate each condition for inclusion on the list. The criteria included: morbidity, mortality, communicability, preventability/treatability, need for an immediate public health response, socioeconomic impact, agricultural impact, WHO and CDC interest, public perception, and action to be taken by public health using the data. The addition of WAC 246-101-015, the provisionally notifiable conditions section, set up a system by which conditions can be made temporarily reportable and evaluated for permanent placement on the list.

The Board retained its authority to add conditions directly to the permanent list when appropriate or necessary and the Department of Health has authority to add conditions to the list via an emergency rule procedure. Further, local health jurisdictions can require that health care providers, laboratory directors, and other designees report additional conditions to the local health department.

Data collected via the notifiable conditions system are critical to local and state health departments and the department of labor and industries in their efforts to prevent and control the spread of diseases and other conditions. Public health officials take steps to protect the public based on these notifications. Treating persons already ill, providing preventive therapies for individuals who come into contact with infectious agents, investigating and halting outbreaks, and removing harmful health exposures are key ways public health officials protect the public. Public health workers also use these data to assess broader patterns, including historical trends and geographic clustering. Data from the notifiable conditions system also inform local and state public health agencies on the efficacy of intervention and prevention programs.

Because these data are closely linked to public health practice and scope, the conditions on the list of notifiable conditions change over time. The 12 criteria used in 2000 to evaluate the current list of notifiable conditions were not formally incorporated into the code. The Board may want to consider developing specific criteria by which to evaluate conditions for inclusion and exclusion and consider placing such criteria in the WAC.

Additional changes that the Board may consider in the coming months include moving provisionally notifiable conditions to the list of permanently notifiable conditions, adding arboviral diseases to the list of permanently notifiable diseases, requiring laboratories to report hepatitis B and hepatitis C results, and changes aimed at clarifying language throughout the WAC.